



Form ID: DYP CET: Store/04

Date: _____

Write Off (Equipments/Semi Consumable)

Department _____ Name of Laboratory _____

Sr No	Name of Equipment	Equipment Serial No. as per Dead Stock	Details of Equipments	Dead Stock Page No.

Reason for write off _____

Lab Assistant

Lab Incharge

Forwarded by (Head of Department): _____

Remarks of Software and Hardware In charge _____
(If Applicable)

Registrar

Principal

Executive Director

Inward No: _____ Date: _____

Remark of Store In charge
